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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number
10658940

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep			/				Total Indep					
Total Depend			15				Total Depend					
Total Claims			16				Total Claims					

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